

# *EXHIBIT A*

215017377  
44445State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

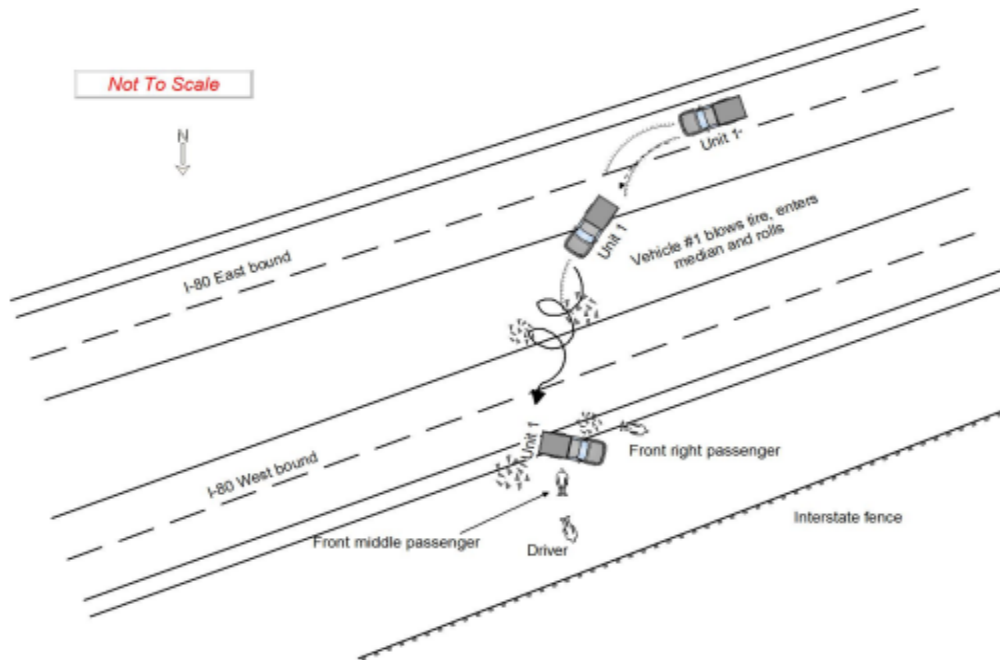
|                                                                                                                    |                                                       |  |                                                                          |  |                                                                                                                                                                                           |  |                                                                             |  |                                                                                               |   |                                                                                                                                  |   |   |     |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|--------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------|---|---|-----|
| 1                                                                                                                  | Total Number of Vehicles                              |  | Local No./ District                                                      |  | Agency Case No. C15-07916                                                                                                                                                                 |  | HIT & RUN?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |  | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO |   | L 1                                                                                                                              |   |   |     |
| A1                                                                                                                 | DATE OF ACCIDENT                                      |  | M M / D D / Y Y Y Y                                                      |  | S M T W TH F S                                                                                                                                                                            |  | TIME OF ACCIDENT                                                            |  | STATE USE ONLY                                                                                |   |                                                                                                                                  |   |   |     |
|                                                                                                                    | 01                                                    |  | 05/01/2015                                                               |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 0657                                                                        |  | Amended                                                                                       |   |                                                                                                                                  |   |   |     |
| A2                                                                                                                 | 01                                                    |  | PLACE OF ACCIDENT                                                        |  | COUNTY Hall                                                                                                                                                                               |  | POLICE NOTIFIED                                                             |  | 0700                                                                                          |   |                                                                                                                                  |   |   |     |
| B                                                                                                                  |                                                       |  | CITY                                                                     |  |                                                                                                                                                                                           |  | PRIVATE PROPERTY?                                                           |  | <input type="radio"/> YES <input checked="" type="radio"/> NO                                 |   |                                                                                                                                  |   |   |     |
| C                                                                                                                  | 2                                                     |  | ROAD ON WHICH ACCIDENT OCCURRED                                          |  | STREET/ HIGHWAY NO. INTERSTATE 80                                                                                                                                                         |  | ONE-WAY STREET?                                                             |  | <input type="radio"/> YES <input checked="" type="radio"/> NO                                 |   | LATITUDE 40.724380                                                                                                               |   |   |     |
|                                                                                                                    |                                                       |  | DISTANCE FROM MILEPOST                                                   |  | 2440                                                                                                                                                                                      |  | N S E W OF MILEPOST                                                         |  | 294.000                                                                                       |   | HIGHWAY NO. 80                                                                                                                   |   |   |     |
|                                                                                                                    |                                                       |  |                                                                          |  |                                                                                                                                                                                           |  |                                                                             |  |                                                                                               |   | LONGITUDE -98.681920                                                                                                             |   |   |     |
| D                                                                                                                  | 1                                                     |  | IF AT INTERSECTION                                                       |  | IF NOT AT INTERSECTION                                                                                                                                                                    |  | NAME OF INTERSECTING ROADWAY                                                |  | 3.00                                                                                          |   | SHELTON OVERPASS I-80                                                                                                            |   |   |     |
| V1/M                                                                                                               | 01                                                    |  | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |  | MILES 4.00                                                                                                                                                                                |  | N S E W AND MILES 2.00                                                      |  | N S E W OF NEAREST CITY OR TOWN                                                               |   | SHELTON                                                                                                                          |   |   |     |
| V2/M                                                                                                               |                                                       |  |                                                                          |  |                                                                                                                                                                                           |  |                                                                             |  |                                                                                               |   |                                                                                                                                  |   |   |     |
| E                                                                                                                  | 1                                                     |  | R. WORK ZONE CODES                                                       |  | R1 1 R2 R3 R4                                                                                                                                                                             |  | S. PEDESTRIAN CLASSIFICATION CODES                                          |  | S1 S2 S3 S4 S5-a S5-b S6-a S6-b                                                               |   | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |   |   |     |
| F                                                                                                                  | 1                                                     |  | DRIVER LICENSE NO.                                                       |  | H13702183                                                                                                                                                                                 |  | STATE (Of License)                                                          |  | NE                                                                                            |   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE                                                           |   |   |     |
| V1/N                                                                                                               | 1                                                     |  | DRIVER                                                                   |  | LARRY R BLAIR                                                                                                                                                                             |  | PHONE                                                                       |  |                                                                                               |   | LOCAL NO.                                                                                                                        |   |   |     |
| V2/N                                                                                                               |                                                       |  | DRIVER ADDRESS                                                           |  | 224 E 4TH ST, AXTELL, NE 68924                                                                                                                                                            |  | CITY, STATE, ZIP                                                            |  |                                                                                               |   | DATE OF BIRTH (MM / DD / YYYY) 05/23/1973                                                                                        |   |   |     |
| G                                                                                                                  | 2                                                     |  | OWNER                                                                    |  | DANDEE CONSTRUCTION / DAN BUSER                                                                                                                                                           |  | PHONE                                                                       |  | 308-627-6660                                                                                  |   | LOCAL NO.                                                                                                                        |   |   |     |
| H                                                                                                                  | 3                                                     |  | LICENSE PLATE                                                            |  | TE NO. 092396                                                                                                                                                                             |  | YEAR (Plate Expires)                                                        |  | 2015                                                                                          |   | STATE (Of Plate) NE                                                                                                              |   |   |     |
| V1/O                                                                                                               | 4                                                     |  | VEHICLE                                                                  |  | 2003                                                                                                                                                                                      |  | MAKE                                                                        |  | Chevrolet                                                                                     |   | MODEL SC1                                                                                                                        |   |   |     |
| V2/O                                                                                                               |                                                       |  | VEHICLE ID NO. (VIN)                                                     |  | 1GCEC14X33Z115363                                                                                                                                                                         |  | BODY STYLE                                                                  |  | Pickup truck                                                                                  |   | COLOR blue                                                                                                                       |   |   |     |
|                                                                                                                    |                                                       |  | TOWED TO                                                                 |  | GRAND ISLAND                                                                                                                                                                              |  | TOWED BY                                                                    |  | KRAMER'S                                                                                      |   | ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$                                                                      |   |   |     |
|                                                                                                                    |                                                       |  | INSURANCE COMPANY                                                        |  | FARM BUREAU                                                                                                                                                                               |  | POLICY NO.                                                                  |  | 0005CPP000197109                                                                              |   |                                                                                                                                  |   |   |     |
| I                                                                                                                  | 1                                                     |  | VEHICLE NO. 2                                                            |  | DRIVER LICENSE NO.                                                                                                                                                                        |  | STATE (Of License)                                                          |  |                                                                                               |   | SEX <input type="radio"/> FEMALE <input type="radio"/> MALE                                                                      |   |   |     |
| V1/P                                                                                                               | 7                                                     |  | DRIVER                                                                   |  |                                                                                                                                                                                           |  | PHONE                                                                       |  |                                                                                               |   | LOCAL NO.                                                                                                                        |   |   |     |
| V2/P                                                                                                               |                                                       |  | DRIVER ADDRESS                                                           |  |                                                                                                                                                                                           |  | CITY, STATE, ZIP                                                            |  |                                                                                               |   | DATE OF BIRTH (MM / DD / YYYY)                                                                                                   |   |   |     |
| J                                                                                                                  | 01                                                    |  | OWNER                                                                    |  |                                                                                                                                                                                           |  | PHONE                                                                       |  |                                                                                               |   | LOCAL NO.                                                                                                                        |   |   |     |
| V1/Q                                                                                                               | 1                                                     |  | LICENSE PLATE                                                            |  |                                                                                                                                                                                           |  | YEAR (Plate Expires)                                                        |  |                                                                                               |   | STATE (Of Plate)                                                                                                                 |   |   |     |
| V2/Q                                                                                                               |                                                       |  | VEHICLE                                                                  |  |                                                                                                                                                                                           |  | MAKE                                                                        |  |                                                                                               |   | MODEL                                                                                                                            |   |   |     |
| K                                                                                                                  | 01                                                    |  | VEHICLE ID NO. (VIN)                                                     |  |                                                                                                                                                                                           |  | BODY STYLE                                                                  |  |                                                                                               |   | COLOR                                                                                                                            |   |   |     |
|                                                                                                                    |                                                       |  | TOWED TO                                                                 |  |                                                                                                                                                                                           |  | TOWED BY                                                                    |  |                                                                                               |   | ESTIMATED DAMAGE <input type="radio"/> TOALED \$                                                                                 |   |   |     |
|                                                                                                                    |                                                       |  | INSURANCE COMPANY                                                        |  |                                                                                                                                                                                           |  | POLICY NO.                                                                  |  |                                                                                               |   |                                                                                                                                  |   |   |     |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |                                                       |  |                                                                          |  |                                                                                                                                                                                           |  |                                                                             |  |                                                                                               |   |                                                                                                                                  |   |   |     |
| VEH. #                                                                                                             | NAME ADDRESS                                          |  |                                                                          |  |                                                                                                                                                                                           |  | DATE OF BIRTH (MM / DD / YYYY)                                              |  | 1                                                                                             | 2 | 3                                                                                                                                | 4 | 5 | SEX |
| 1                                                                                                                  | LARRY R BLAIR 224 E. 4TH ST., AXTELL, NE 68924        |  |                                                                          |  |                                                                                                                                                                                           |  | 05/23/1973                                                                  |  | 01                                                                                            | 3 | 01                                                                                                                               | 2 | 2 | M   |
|                                                                                                                    | LOCAL NO.                                             |  | MEDICAL FACILITY NAME                                                    |  | EMS SERVICE NAME                                                                                                                                                                          |  | EMS RUN REPORT NO.                                                          |  |                                                                                               |   |                                                                                                                                  |   |   |     |
|                                                                                                                    |                                                       |  | Good Samaritan Hospital                                                  |  | Wood River Rescue Unit                                                                                                                                                                    |  |                                                                             |  |                                                                                               |   |                                                                                                                                  |   |   |     |
| VEH. #                                                                                                             | NAME ADDRESS                                          |  |                                                                          |  |                                                                                                                                                                                           |  | DATE OF BIRTH (MM / DD / YYYY)                                              |  | 1                                                                                             | 2 | 3                                                                                                                                | 4 | 5 | SEX |
| 1                                                                                                                  | SHANE A LOVELAND 304 SHEPPARD AVE, HILDRETH, NE 68947 |  |                                                                          |  |                                                                                                                                                                                           |  | 04/01/1982                                                                  |  | 02                                                                                            | 3 | 08                                                                                                                               | 2 | 2 | M   |
|                                                                                                                    | LOCAL NO.                                             |  | MEDICAL FACILITY NAME                                                    |  | EMS SERVICE NAME                                                                                                                                                                          |  | EMS RUN REPORT NO.                                                          |  |                                                                                               |   |                                                                                                                                  |   |   |     |
|                                                                                                                    |                                                       |  | Good Samaritan Hospital                                                  |  | Good Samaritan EMS                                                                                                                                                                        |  |                                                                             |  |                                                                                               |   |                                                                                                                                  |   |   |     |
| VEH. #                                                                                                             | NAME ADDRESS                                          |  |                                                                          |  |                                                                                                                                                                                           |  | DATE OF BIRTH (MM / DD / YYYY)                                              |  | 1                                                                                             | 2 | 3                                                                                                                                | 4 | 5 | SEX |
| 1                                                                                                                  | JACOB S SUMMERS 823 S. MAIN, WILBER, NE 68465         |  |                                                                          |  |                                                                                                                                                                                           |  | 12/03/1991                                                                  |  | 03                                                                                            | 3 | 01                                                                                                                               | 2 | 2 | M   |
|                                                                                                                    | LOCAL NO.                                             |  | MEDICAL FACILITY NAME                                                    |  | EMS SERVICE NAME                                                                                                                                                                          |  | EMS RUN REPORT NO.                                                          |  |                                                                                               |   |                                                                                                                                  |   |   |     |
|                                                                                                                    |                                                       |  | Good Samaritan Hospital                                                  |  | Shelton Volunteer Fire & Rescue                                                                                                                                                           |  | Susman000001                                                                |  |                                                                                               |   |                                                                                                                                  |   |   |     |

## THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
C15-07916Indicate  
North  
by Arrow

Not To Scale



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was east bound on I-80 near MM 294 when it blew a rear tire. Vehicle #1 crossed into the median and rolled. Vehicle #1 came to rest on the west bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. Drug use is suspected from all three occupants since methamphetamine was found at the scene. Kramer's towing removed Vehicle #1. All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.

|                                   |                |                                       |                       |                           |                         |
|-----------------------------------|----------------|---------------------------------------|-----------------------|---------------------------|-------------------------|
| PROPERTY                          | OBJECT DAMAGED | OWNER NAME                            | ADDRESS               | PHONE                     | APPROX. COST OF DAMAGE  |
|                                   | OBJECT DAMAGED | OWNER NAME                            | ADDRESS               | PHONE                     | APPROX. COST OF DAMAGE  |
| WITNESSES                         | NAME           |                                       |                       |                           | PHONE                   |
|                                   | ADDRESS        |                                       |                       |                           | PHONE                   |
| Rob Gibson<br>Mary K Gibson       |                |                                       |                       |                           |                         |
| 402-499-5550<br>402-432-0171      |                |                                       |                       |                           |                         |
| VEHICLE MOVEMENT BEFORE COLLISION |                | POINT OF IMPACT AND MOST DAMAGED AREA |                       | AIRBAG DEPLOYED VEHICLE 1 | RESTRAINT USE VEHICLE 1 |
| VEH NO.                           | N S E W        | ROAD OR HIGHWAY NAME                  |                       |                           |                         |
| 1                                 |                | X                                     | INTERSTATE 8          |                           |                         |
| 2                                 |                |                                       |                       |                           |                         |
| 1                                 | 01             | 06 Turning left                       | 09                    |                           |                         |
| 2                                 |                | 07 Making U-turn                      | 11                    |                           |                         |
|                                   |                | 08 Entering traffic lane              |                       |                           |                         |
|                                   |                | 09 Leaving traffic lane               |                       |                           |                         |
|                                   |                | 10 Parked                             |                       |                           |                         |
|                                   |                | 11 Slowing or stopped in traffic      |                       |                           |                         |
|                                   |                | 12 Other                              |                       |                           |                         |
|                                   |                | 13 Unknown                            |                       |                           |                         |
| OFFICER NO.                       |                | TROOP/TEAM/BEAT                       | DEPARTMENT            |                           |                         |
| 510                               |                |                                       | Nebraska State Patrol |                           |                         |
| INVESTIGATOR NAME (Print or Type) |                | INVESTIGATOR SIGNATURE                |                       | DATE OF REPORT            |                         |
| Joe Flasnack                      |                | Approved by Joel Bergman              |                       | 8/12/2015                 |                         |
|                                   |                |                                       |                       | Susman0000002             |                         |

 Photographs taken? ☒ YES ☐ NO

8/12/2015